## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** L67070 (7)1. Corporation Name CENTURY 21 AAA ACTION REALTY, INC. Principal Place of Business Mailing Address 1635 S. RIDGEWOOD 1635 S. RIDGEWOOD



DAYTONA BCH. FL 32119			SUITE 106 DAYTONA BCH. FL 32119					
						3. Date incorporated or Qualified	3a. Date of Las	. 1
2. Principal Pl	ace of Business	20 1400-0 4				04/17/1990	05/01	/1995
21	ROG O. Edsiliess	26. Mailing Ad	2a. Mailing Address			4. FEI Number	L	Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			59-3010213		Not Applicable
22		27				5. Certificate of Status Desired		75 Additional se Required
City & State	9	City & Stat	City & State			6. Election Campaign Financing	·	
23		28				Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for it	ntangible tax unde	rs 199.032.
24	25	29	30			Florida Statutes	□ No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
				81	Name			
STUC			82 Street Addi		dress (P.O. Box Number is Not Acceptable	e)		
	S. RIDGEWOOD AVENUE			83				
SUITE				03				
30011	H DAYTONA FL 32119			84	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.050.	2 and 607.1508, Flori	ida Statutes, the a	above-r	named corp	oration submits this statement for the purp		s registered office
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change wa tion 607.0505, Floridi	s authorized by th a Statutes.	ne corp	oration's bo	oration submits this statement for the purp pard of directors. I hereby accept the appo	intment as register	ed agent. I am
SIGNATURE								
12.	Signature, typed or printed name of registered agen	t and tide if applicable ID DIRECTORS		ered Agen	t signature requi	ired when reinstating	DATE	
TITLE	PSD	DE DIFFICULTS		. 1 TITLE		ADDITIONS/CHANGES TO OFFI		
NAMÉ	STUCKEY, PATRICIA A.			.2 NAME			Chang	e 🔲 Addition
STREET ADDRESS	29 OAK AVENUE		1	3 STREET	ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL			4 CITY - S				l
TITLE		DE	. 6.7.6	1 TITLE	<u>'</u>		Chang	e Addition
NAME			2.3	2 NAME	ŀ			7.55(1.5)
STREET ADDRESS			2.3	3 STREET .	ADDRESS			
CITY-ST-ZIP			24	4 CITY - \$1	r- 21P			
TITLE	!	☐ DE	LETE 3.	1 TITLE			Chang	e [] Addition
NAME			32	2 NAME				
STREET ADDRESS			33	3 STREET	ADDRESS			
CHY-ST-ZIP TITLE				4 CITY-SI	- ZIP			
NAME		☐ DE	· · ·	1 TITLE			Chang	e 🔲 Addition
STREET ADDRESS				2 NAME				1
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NAME		J. 00		2 NAME			☐ Chang	e
STREET ADDRESS				2 MAINE 3 STREET A	annerse			
CITY - ST - ZIP				a SINEET A 4 CITY-ST				ŀ
TITLE		☐ DEI		1 TITLE	EH .		☐ Change	Addition
NAME		_	l ·	NAME			L.J Gridinge	, M vogition
STREET ADDRESS				STREET A	ADDRESS			
CITY - ST - ZIP				CITY-ST				
14. I do bereby	certify that the information availand.	enth thin films in call on	4 - 1 - 5 1 1		<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k]. Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

PATRICIA A. STUCKEY 4-16-96